



Insurance Information AND Photo Permission Form

Please provide the following information to begin your appointment:

Name: _____ Date of Birth: _____
Social Security Number: _____ Gender: ☐ Male ☐ Female
Name of Current Employer or School _____
School Address: _____ Telephone: _____

Fax: _____
Email: _____

Health Insurance Information

Insurance Carrier Name: _____
Office Address: _____

Carrier Telephone: _____
Policy or I.D. Number: _____
Name Policy is under: _____

Photo Permission

I agree that all photos or videos taken at Brookhaven National Laboratory may be used at the discretion of the Laboratory (please circle one.) Yes No _____

Signature of student

When appropriate, would you like us to notify your local or school newspaper and/or send photos of your activities here at Brookhaven National Laboratory? Yes No

Name and address of your local or school newspaper: _____

Note: You cannot begin your appointment without this information